

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

## FILED EFFECTIVE

09 JUN -2 AM 8: 07

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the under business is:	ersigned use(s) in the transaction of
2. The true name(s) and business address(es) business under the assumed business name Name  Darci L. Niles	of the entity or individual(s) doing  Complete Address  PO Box 1694  Boise, Idaha 83701
3. The general type of business transacted und  Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Darci Niles  PO Bax 1694  Boise, Idaha 83701  5. Name and address for this acknowledgment copy is (if other than #4 above):  NA	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Signature:	Secretary of State use only  SECRETARY OF STATE  O6/02/2009 85 a 60  CK: 1822 CT: 237686 8H: 1172862

D131125